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TARTRATE OF ANTIMONY AND LOBELIA IN RIGIDITY OF THE OS UTERI AND PERINÆUM.

BY D. HOMER BATCHELDER, M.D., KNIGHTSVILLE, R. I.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS.—In the Journal of the 7th, and also of the 14th of February, I notice an article, setting forth some important observations in relation to the treatment of rigidity of the os uteri, perineum, &c. The object of this hasty communication is simply to render my feeble testimony in favor of the two agents referred to, viz., lobelia by the first, and tartarized antimony by the second, as important dilating agents in obstetrical practice.

In one of the papers, Dr. Livezey has set forth the specific effects of *lobelia inflata*, in overcoming the most obstinate cases of uterine rigidity; while, in the other, Dr. Storer has tested, to some extent, the efficacy of tartrate of antimony, in the form of an enema, and says, "The treatment here followed, an antimonial enema, seems as yet not to have been attempted in this country."

It has never once occurred to me, that while, for the last nine years, I had been in the habit of using the two agents above named, no other medical brother in this country has attempted to employ them in obstetrical practice. Since June, 1846, I have made use of these agents—separately and combined—in seventeen parturient labors, as a *dernier ressort*, where obstinate rigidity seemed to be a fixed obstacle in the way of a speedy delivery. Suffer me to briefly narrate a few practical facts in relation to the administration and specific results derived from these two powerful drugs, so far as they have been connected with my obstetrical practice.

CASE I.—The first instance of the use of "tartarized antimony," in my practice, I find to have occurred (according to my common-case record) in 1846, in the town of L——, N. H. Mrs. N. J. W. was seized with labor pains, on the 4th of June in that year, at about 4 o'clock, A. M., it being her first pregnancy. At 9 o'clock, A. M., I was summoned in haste, to attend her through labor. On my arrival, I found her exercised with severe, but irregular labor

pains. I obtained, readily, an examination *per vaginam*, and found the os not sufficiently dilated to admit the tip of the index finger, and extremely rigid. Having other patients on hand who claimed my attendance on that day, I left her, made several visits, and returned about 1, P. M., and found her quite anxiously awaiting my return. By this time her pains were much accelerated, both in frequency and severity—being scarcely interrupted by a moment's interval. A second examination revealed no change in the condition of the parts. On consulting the ladies attendant on her, in concert with the husband, I found that any proposition on my part (at least for the present) would be deemed by them but little short of meddlesome interference with the process of nature. Consequently, I had only to store myself with patience, and wait till they had become more alarmed, and their prejudices and feelings modified and changed. I waited till past the noon of night, at which time there was no sensible alteration in the physical aspect of the case, save the pains had become almost intolerably agonizing. I then told the husband, in presence of the ladies, that, unless I could devise some means whereby the obstinate rigidity of certain parts might be overcome, there was serious apprehension that a rupture of the uterus might be the result. By this time they began (in view of what I had said) to be not a little alarmed, and consented that I should pursue the course which I deemed best adapted to relieve her suffering.

I immediately took from the arm about 3 xx. of blood—which, by the way, did not in the least modify the rigidity of the parts. On inquiry, I learned that she had not had an evacuation for four days or more, which at once suggested the idea that an enema might be of service. I immediately ordered a full quart of warm water to be thrown into the rectum, which passed off, in the course of twenty minutes, leaving the resisting parts unchanged. I then resorted to belladonna, without being able to discover any good effect. She being so much exhausted, while her pains were so intensely severe, I commenced giving opiates, to quiet the pains, but from peculiar idiosyncrasy it seemed to cause an unpleasant, rather than any good effect. She had now been in severe labor nearly or quite twenty-four hours, and was, apparently, nearly worn out by the continued severity of her pains. I hardly knew what further means to employ, for the aspect of the case grew worse every hour, and bid absolute defiance to all I had done. In the meantime, the ladies had prepared me a cup of tea, and while I was drinking it, the thought occurred to me that I might try antimony, as we sometimes used it to assist in the reduction of luxations where the muscles were obstinately rigid. I arose from the table a little encouraged, with a determination to try it. I put into a half pint of strong pennyroyal tea, about five grains of tartarized antimony, and gave about one fourth of it to drink, at intervals of five minutes. In twenty minutes, a profuse perspiration came on, active vomiting ensued, the pains became regular and forcing, the os

uteri commenced dilating, and in twenty minutes more she was happily delivered of a fine male child. No unpleasant symptoms followed, and Mrs. W. was up in two weeks, able to superintend her ordinary household affairs as usual.

CASE II.—Mrs. C., æt. 31, of L., N. H., of a healthy, vigorous constitution, was taken in labor at term, in her second pregnancy, Nov. 20th, 1846. A messenger was despatched for me at 10, A.M. I arrived at her room and found her suffering intolerably, with incessant labor pains. On examination, the os was dilated to the size of a five cent piece, but dry, hot and obstinately rigid. She remained fifteen hours in perfect agony, during which time all, or very many, of the usual agents were employed, in order to promote dilatation; but without any good effect. The aspect of the case appeared to all present quite alarming, for her suffering was truly agonizing. I resolved to try the antimony, in the same manner as in Case I. I prepared the same quantity as before, and gave it in the same way. She vomited and perspired freely: dilatation went on rapidly. As soon as I deemed it expedient, the membranes were ruptured, labor went on perfectly naturally and with comparative ease, and in thirty minutes from the time I commenced giving the antimony delivery was complete. But, in this case, subsequent to delivery, her stomach (from the effect of the antimony I presume) rejected everything that was given her, for three or four hours. She was also somewhat troubled with a severe palpitation, which lasted a few hours, but she finally enjoyed a good recovery.

CASE III.—This was a case of what is ordinarily denominated, by men in obstetrical practice, "hour-glass contraction." It occurred in March, 1847. In this case delivery had been effected, but the placenta was retained by the irregular contraction of the uterus, and I failed to cause its expulsion by any ordinary means that I could bring to bear upon the case. Living, as I did, some seven miles from the patient, I did not feel at liberty to leave her, under such circumstances, with the placenta unremoved. As she had vomited considerably during labor, I did not feel willing to risk giving the antimony by the stomach. On a moment's reflection, it occurred to me that I might avoid affecting the stomach, by administering the remedy by the rectum. I was so favorably impressed by the new idea that I resolved to try it. I ordered to be made one half pint. of thin starch, to which I added two grains of tartrate of antimony with ten drops of laudanum. I threw nearly all of this into the rectum. In less than five minutes, the uterus relaxed and threw out its contents, I had almost said, passionately. Much gratified, I returned home about my business, and left the patient doing well.

CASE IV.—Mrs. T. (second child). I was called to her August 20th, 1847, at 9 o'clock, A. M. When I arrived, I found the woman suffering almost incessantly, with severe labor pains. On examination, I found the parts in nearly the same condition as in Case I. She had now been in labor twelve hours or more, and was evi-

dently a little dispirited. I obtained leave of absence for two hours, to visit some other patients. During my absence, her pains had become more severe, and scarcely interrupted by intervals of rest. A second examination revealed no improvement. The os still remained cartilaginous to the feel, and the contiguous parts seemed dry and heated. The bowels were much constipated. I immediately had the starch prepared, to which I added the same as I did in Case III. I threw most of it into the rectum. In about ten minutes, I proceeded to an examination *per vaginam*, and happily found all the parts less heated, more relaxed, and quite moist, the os uteri fully dilated, and the membranes largely protruding, which with little effort were ruptured. The presentation being natural, the head descended rapidly into the inferior strait. In twenty minutes from the time the enema was administered, her delivery was happily consummated. From this time she continued to recover rapidly, without one unpleasant symptom.

Since that time I have made use of the antimony, and of antimony and lobelia combined, in thirteen different cases of severe uterine rigidity, with as good and favorable results as in those above referred to. Since July, 1851, I have made use of the following combination of the two articles: take of recent fresh-cured lobelia, nicely powdered, one drachm, and add of tartarized antimony five grains. Mix well in a mortar. To four or five ounces of thinly prepared starch, I add about twelve or fifteen grains of this powder, with eight or ten drops of laudanum. This, thrown into the rectum, in most cases will be found sufficient, and will not need to be repeated; although, in some instances, I have found it necessary to repeat the operation to insure success.

I think I have used the tartrate of antimony, alone, eight times, and the antimony and lobelia combined, nine times; but neither of them without the laudanum. In some of the cases delivery was not completed till from one to two hours subsequent to the administration of the enema. Yet every case was successful. I have never employed these agents except as a *dernier ressort*, in cases of the most extreme and obstinate rigidity of the parts, especially of the *os uteri*.

In relation to the safety of these articles, I would add, that so far as my own experience goes, they are both efficient and safe; as I have never witnessed one single instance where the result from their use has been otherwise than favorable. It is possible that some medical brother has employed these agents with less favorable results; if so, I hope he will be kind enough to give an account of his experience through the medium of the Journal.

*March, 1856.*

## SCARLATINA MALIGNA.—RECOVERY.

BY E. S. DEMING, M.D., JEFFERSONVILLE, VT.

[Communicated for the Boston Medical and Surgical Journal.]

S. C. D., 5 years of age, was attacked with scarlet fever on Friday, April 4th, 1856. The disease was ushered in by vomiting of a very obstinate nature; there was also violent retching. At first the ejected matters were slimy or mucous, then bilious, and, lastly, dark-colored, resembling coffee-grounds. The skin was cool, especially that of the extremities; the circulation not being determined to the surface by the act of vomiting as is usually the case. Pulse very frequent and small from the beginning; it was so tremulous and indistinct that it was difficult, if not impossible, to count it.

At the expiration of three hours from the commencement of the attack, the rash began to make its appearance over the front of the chest, resembling, in color, wheat-bran; it was next observed on the abdomen, and, lastly, on the extremities, in patches, more marked over the joints, and with a strong tendency to fade, or "strike in," as the common phrase is. In a few hours, delirium, which was manifested at first, was succeeded by stupor. The symptoms, from the beginning, were indicative of great danger, and the worst was feared.

I would here ask what is the true pathology of malignant scarlet fever, as it is termed? What change do the fluids or solids undergo? These are questions easy to ask, but difficult to answer. The idea of "debility" discloses little or nothing; medication directed by such an assumption fails to prove the accuracy of the diagnosis. Fluidity of the blood, decomposition of the fluids generally, poisonous impression on the nervous system, are explanations quite as blind, and leave the subject still obscure.

I have little to say upon treatment: an emetic was given on the morning of the attack; a few grains of ipecacuanha with three or four of calomel; the feet and legs were immersed in mustard-water, &c. There were two operations from the bowels about three hours after taking the emetic. No change, worthy of note, took place in the symptoms; nor was the treatment varied, except by giving some slight stimulants, the latter part of the day (Friday, April 4th). Saturday morning, the symptoms were increased in malignancy, if possible; the countenance had a more purple hue; the extremities inclining to be cold; the finger nails were purple, and the want of action in the capillaries seemed strongly indicative of approaching dissolution; the flesh of the fingers was white, as far as to the second joints.

*Treatment.*—Frictions with tepid saturated solution of salt, in water, were made over the entire body, and particularly to the spine. Powders, composed of three grains of calomel and about double that quantity of camphor, once in three hours, and this continued until free evacuations were procured, which took place about 6 o'clock, P. M. Before taking the second powder, a slight

improvement was noticeable on attentive examination; red points could be seen making their appearance, first on the hands, the dark color going off, and a scarlet blush taking the place of the bran-like eruption. This was rather more than twenty-four hours from the commencement of the attack. But little more was done, subsequently, than to give mucilaginous drinks, with, occasionally, a diaphoretic powder. The case now went on favorably, nothing of any special interest occurring afterwards; there was no swelling or inflammation of the glands. I should have mentioned that the tongue had a very dry, parched appearance in the beginning; cool drinks were administered.

*April 16th.*—The patient was up and dressed, although showing the signs of recent severe disease. The points of interest in the case are, *first*, the change in the symptoms on the second day; *secondly*, the reviving of the patient under the cathartic operation of the calomel.

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#### TWO BIRTHS WITHIN NINE MONTHS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I notice in the 12th number of the Journal the account of "two children born within an interval of nine months and ten days." I take the liberty to call your attention to that paragraph merely to state a fact still more extraordinary.

There are now living (or were, the last time I heard from them) in one of the cities contiguous to Boston, a brother and sister whose births occurred in this town as follows. The boy was born Nov. 4th, 1834; the girl Aug. 3d, 1835—which makes the time intervening between their births one day less than nine months. At the birth of the boy, I remarked to the mother that the child was probably only a seven months child. She said she did not know, but supposed it was premature. The girl, of course, must have been born not far from the seventh month.

These were the first children; the lady had several children afterwards, born at the full term of gestation. Yours, &c.,

*Methuen, May 3d, 1856.*

S. HUSE.

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*Injections of Nitrate of Silver in Hemorrhage from the Rectum.*—In the case of a patient at the *Hopital Saint Antoine*, who had profuse hemorrhage from the rectum, with cadaveric paleness of the face, extreme dyspnoea and violent palpitation on the least exercise, a souffle in the neck, and at the base of the heart with the first sound, and who had hemorrhoids surrounding the anus, M. Aran prescribed injections of a solution of nitrate of silver (three grains to the ounce), which was administered daily, for four days, with the effect of permanently arresting the hemorrhage.—*Bulletin de Therapeutique, from Jour. de Med. de Bordeaux.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MARCH 10th.—*Monstrosities.* Dr. JACKSON showed a malformed fœtus received from Dr. Hathaway, of Worcester. The labor was natural, but occurred at about the seventh month, not an unusual accident in these cases. The skeleton, if prepared, would probably resemble one in the Society's cabinet (No. 758), and of which a figure is given in the catalogue. The cranial cavity is capacious; but the spine being probably much bent, the whole head is thrown backwards, so that the occipital region is closely connected with the lower dorsal vertebrae. Over the lower part of the spine the integuments were deficient to a considerable extent; the cutis, as it appeared to be, was quite thin, as if imperfectly developed, and quite red; the limits between this and the sound integument were well defined; the cuticle was well marked. Beneath the cutis an imperfect cavity was found, and there was at once seen, almost protruding, a membrane which from its appearance and its relation to the brain, was supposed to be the cranial arachnoid; the quantity of brain that was removed, after a division of this membrane, being quite large. No spinal marrow was distinctly seen.

The external deformity was very great, from the shortness of the trunk, the protrusion of the chest, the entire absence of the neck, the throwing back of the head, and, none the less, from the fully-developed extremities. The integuments of the lower part of the abdomen were quite œdematos; and in the epigastric region a sort of cyst was formed, by the separation of the integuments, one and a half or two inches in diameter, and filled with clear serum; the inner surface of the cyst looking as if the healthy areolar tissue had been simply torn. Dr. J. had never before seen œdema in this form of monstrosity.

The internal organs were malformed, as they usually are, more or less, in these cases. The renal capsules were not so small as they almost invariably are in the "acephalous fœtus." Further, these organs were fused, like a horse-shoe kidney, and this is the fourth case that Dr. J. had seen; two are reported in the Catalogue of the Society's Cabinet, and another has recently been met with. St. Hilaire (*Hist. des Anom.* II., 543) quotes a case of fusion of these organs, and remarks that there is no other on record. The kidneys in this case were also fused. The two ventricles of the heart communicated, and the two branches of the pulmonary artery arose from the ascending aorta. Two or three other slight malformations were noticed; the organs were otherwise well formed.

The next specimen was shown by Dr. Jackson at a previous meeting. It was a fœtus sent to Dr. Storer by Dr. Hitchcock, of Fitchburg. Sex female, as was the last, the age being probably about seven months. It resembles specimens 776-781 in the Society's Cabinet—the head being malformed as in the "acephalous fœtus," and the spine open to the middle of the lumbar vertebrae. The malformation of the spine in these cases, Dr. J. remarked, generally extends to the sacrum. No trace of brain or spinal marrow was found, the spinal nerves arising very distinctly from the membranes. The renal capsules were very small, and united across the spine; this being the case referred to in the last report. Otherwise nothing unusual was observed, except a fissure of the hard and soft palate. The organs, however, were in bad condition and the dissection was hasty.

The next specimen was a common "acephalous *fœtus*," which was exhibited by Dr. J. at the first meeting in January. It was sent by Dr. J. H. York, of South Boston. Dr. J. remarked that it was the only case that he had met with in which a *double hare-lip* existed; there was no fissure of the palate. The head only being malformed, and the spine nearly or quite entire, the neck was well marked; whereas, in the last case, it was entirely wanting. Sex male. The internal organs were well formed, excepting the small renal capsules.

MARCH 24th.—*Tuphlo-enteritis*. Dr. C. E. WARE presented the specimen. It was removed from a boy 7 years of age. Dr. Ware was called to see him on Saturday, March 15th. He had been ailing all the spring, but without marked symptoms. He had been confined to the house for a week with cough, ear-ache, and some catarrhal symptoms. On Friday morning he eat a piece of apple pie, which he vomited, and which was followed soon after by pain in the abdomen. He took physic in the afternoon, which operated in the course of the night, without any relief of the pain in the abdomen. His bowels had previously been rather bound, but open every day. The pain was in the region of the umbilicus. The abdomen was full and tender. The skin was hot and the tongue furred. The pulse a little accelerated. On Sunday morning the pain and tenderness in the abdomen continued about the same. The respiration was thoracic. He vomited everything he swallowed. The tongue was furred and rather dry. The bowels had not been moved since the day before. Pulse 144, variable in force. Leeches were applied, and he was put under the influence of morphine, taken often enough to keep him quiet and easy. He remained comfortable under its influence through Tuesday and Wednesday; the abdomen, however, growing more full and tender, and he being unable to retain anything upon the stomach. On Wednesday night, the morphine having been omitted for some hours without return of suffering, two injections were administered. After the second, the suffering was so great that he was obliged again to take the morphine, the injection not having operated. On Thursday morning, under the effect of the morphine, he had again become easy, with a pulse of 120. But in the afternoon a most distressing vomiting commenced, under which he sunk and died.

At the autopsy there was found general peritonitis, but most intense in the right iliac region, where the intestines were quite firmly glued together. On carefully separating them, there was found a perforation of the appendix, about half way from the cæcum to its termination. The opening was sufficiently large to admit the passage of a large pea, and was in the middle of a slough. There was a great dilatation of the appendix at this point, as if it had contained a body which might have escaped through the opening. None such was found.

Dr. BOWDITCH asked, in reference to this case, if any tumor was discoverable in the right iliac region as described by Dr. JACKSON in these cases; to which Dr. Ware replied that there was not.

Dr. Jackson remarked that he thought it a singular circumstance that this disease should run the same course in cases like this where no foreign body is found, as in those where such body is discovered; and he further stated that he had seen two cases similar to this reported by Dr. Ware, where it seemed impossible that a foreign body, had it existed, could have been overlooked. Dr. J. had noted another circumstance in connection with this disease, viz., that, in the cases he had observed, the symptoms had uniformly first appeared, as in this case, soon after an inordinate meal.

In reply to Dr. BETHUNE, who asked if this patient were not quite young to suffer from this disease, Dr. Jackson remarked that he had seen several cases in patients under 12 years of age. Dr. Ware had seen one at 4.

MARCH 24th.—*Case of Ileus, occasioned by a peculiar condition of the small intestine. Aneurismal and ossified Dilatations of the Splenic Artery.*  
Case reported by Dr. JOHN WARE.

The patient was a female, aged 72. Some 10 or 12 years ago, while at a distance from home, she had an attack of severe abdominal affection, which, from the account obtained of it, seems to have been similar to that now detailed; and, in the interval, she had had several others of greater or less intensity. Last spring there were two attacks of this description, beginning with diarrhoea, and attended by very severe abdominal pain and by some nausea and vomiting. During the summer and autumn, she again repeatedly suffered nearly in the same way, but without diarrhoea. The attacks yielded readily to full opiates, followed by some mild cathartic, so far as the severer symptoms were concerned, but they left her in an impaired state of health and with a tender and irritable state of the digestive organs. Preceding the fatal attack she was observed to be for some days better than usual, and exerted herself a good deal about household affairs. This seemed to be, in part, the occasion of its severity. It began not more severely than before. Opium was taken, and, after relief of pain, the bowels were moved by a cathartic. Amendment, however, did not follow as it had commonly done. There was continued pain, nausea, occasional vomiting, and almost entire retention of urine. After the fourth day of the disease, it was obvious that there was an obstruction to the action of the intestines. The abdomen became much swollen; there was a large accumulation of flatus, which was frequently discharged by the mouth, but not at all by the rectum; and the vomiting, whilst it was more frequent, was attended by less retching and nausea, and assumed the character of that which accompanies strangulated hernia. The liquid discharged from the stomach was of a greenish color, and of a very offensive odor and taste. On examination no external signs of hernia were detected, but there was discovered, in the seat of the cæcum, a hard, elongated mass, which was supposed to be a tumor, and to be the cause of the obstruction. Such, however, did not prove to be the case. The symptoms continued, without any material change, except a progressive sinking, but no increase of distress, and the patient died at the expiration of a week.

*Autopsy*, by Dr. ELLIS. There was no marked fulness of the *abdomen*. The *lungs* were normal. The *heart* rather large, but, in other respects, not remarkable. A transverse depression of the surface of the *liver* was noticed, which was probably owing to the use of corsets. This organ was otherwise normal.

There was no effusion into the *peritoneal cavity*, nor other evidence of inflammation. A portion of the wall of the *small intestine*, comprising two thirds of its circumference, at a point six or seven feet from the *pylorus*, was found lying in the femoral ring, forming a pouch between one fourth and one half of an inch in depth, apparently of recent formation, and projecting into an old hernial sac about an inch and a half in depth. Though not adherent to the ring, slight force was required to remove the included portion, which was of a dark-red color, both externally and internally, but presented no appearance of inflammation; the congestion, even, did not extend entirely around the intestine, but ceased abruptly at the circumference of the pouch. Above the hernia was a large quantity of yellow liquid; below,

the canal was much contracted and empty, with the exception that the cæcum and transverse colon contained a number of firm faecal masses.

The kidneys were left rough, externally, after the removal of the capsules, to which small portions of the substance adhered. The cut surface also had a rough, somewhat granular appearance. At the time of the examination, the splenic vein was supposed to contain a number of large phlebolites, but, on dissection by Dr. JACKSON, they proved to be aneurisms of the splenic artery, a cretaceous change in their walls having given them the appearance of phlebolites.

Dr. JACKSON gives the following description of them. The dilatations were ten in number, situated along the main trunk and branches of the vessel, of a rounded form, and varying in size from nearly two to six lines. They involved, generally, only a portion of the circumference, and, to some extent, the sacs were situated regularly along one side of the vessel. The parietes of most of them were thick, hard and cretaceous; the cavity being more or less encroached upon, and, in some, nearly obliterated, though in a few it was well marked. Otherwise the artery was healthy, as was also the spleen itself.

In connection with this case, Dr. J. showed a specimen, presented by Dr. C. D. Homans a few years ago, and which was described by him as an ossified aneurism of the splenic artery; it is about as large as the top of the little finger, and the cavity is quite capacious. Subsequently, Dr. H. presented three specimens of phlebolites, as he regarded them, taken from near the spleen, of rather an oval form, and varying in length from about one to four lines. These were also shown by Dr. J. in connection with the above case; and being osseous cysts, and not solid formations, he thought there could be little doubt that they also were of arterial origin. Both specimens are in the Society's Cabinet.

Dr. J. remarked upon this disease of the splenic artery, as not having been described, so far as he was aware; and he questioned whether the phlebolites that have occasionally been supposed to be found about the splenic veins, were not generally, as in Dr. H.'s case, of the above nature.

MARCH 24th.—*Hemiplegia of the Right Side four and a half years before Death, with partial recovery. Death with Paralysis of the Left Side. Softening of the Right Hemisphere—no traces of disease in the Left.* Reported by Dr. JOHN WARE.

The patient was a female, aged 79. In the autumn of 1851, on rising to dress herself in the morning, she complained of a want of power in both the upper and lower extremities, first noticed in attempting to tie and button her clothes, but soon rendering her incapable of standing or walking. There was also some vertigo, a thickness of speech, with nausea, and some vomiting. This state continued for four days, both limbs on both sides being about equally affected. There then came on, rather suddenly, a distinct hemiplegia of the right side, with a continuance of the disturbance of the stomach. From this she gradually recovered, but never completely. She regained her general health, and in a good degree retained the powers of the mind; but the speech was always clumsy and indistinct—there was a difficulty in the adaptation of words to her ideas—and an imperfection in the use of the limbs. For some time before the fatal attack, she had seemed less bright than usual, and had particularly complained of a tired feeling, and an increased difficulty in going up stairs. She awoke, on the morning of the attack, with a peculiar sense of oppression or other sensation in the throat, which she supposed to be the com-

mencement of a common case of sore throat, and Dr. W. was sent for. He found no indications of any local disease, but it was obvious that it was of cerebral origin. Nausea and vomiting soon came on, with great general uneasiness and restlessness. In the course of twenty-four hours there was distinct paralysis of the left side. There was nothing unusual in the progress of the case. She gradually became comatose, though never entirely unconscious, and died in about a week.

*Autopsy by Dr. Ellis.*

The head only was examined. The *skull* was quite thick. There was much more serum beneath the arachnoid, and in the lateral ventricles, than usual; but this increase was probably owing to the atrophy of the cerebral substance, the convolutions being quite thin and sharp, and the spaces between them large. At about the junction of the posterior and middle thirds of the right hemisphere, on a level with the optic thalamus, the substance of the brain was quite extensively softened; the external portion of the thalamus, the roof of the middle cornu of the lateral ventricle, and the tissue included between these points, to the extent of an inch and a half or two inches, being involved. The diseased portion was quite diffused, of a dirty-white or yellowish color, and the seat of numerous small ecchymoses. The cerebral substance immediately surrounding and continuous with the diffused portion, had a white, somewhat gelatinous appearance.

There was no trace of former disease on the left side. The consistence of the brain was generally normal. A number of the arteries at the base and between the convolutions were in an atheromatous state.

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BOSTON, MAY 15, 1856.

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### AMERICAN MEDICAL ASSOCIATION.

THE ninth annual session of this Association commenced at Detroit, on Tuesday, May 6th, at 11 o'clock, and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. PITCHER, of Detroit, in the name of the Committee of Arrangements, welcomed the delegates. A committee of one from each State was reported by the delegates to nominate officers for the ensuing year. This committee subsequently recommended the following gentlemen:

*President*, Dr. Zina Pitcher, of Detroit.

*Vice Presidents*, Drs. Thomas W. Blatchford, of New York; William R. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

*Secretaries*, Drs. Wm. Brodie, of Michigan; R. C. Foster, of Tennessee.

*Treasurer*, Dr. Caspar Wistar, of Pennsylvania.

These nominations were confirmed by the Association.

The Committee of Arrangements reported a programme for the sessions of the Association; and also reported against the proposition of Dr. N. S. Davis, advising a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession.

The President announced the death of the eminent Dr. Warren, of Bos-

ton, and remarks eulogistic of the deceased were made by Dr. Childs of Massachusetts, and Dr. Gross of Kentucky. The President appointed a committee, consisting of Dr. Gross of Kentucky, Dr. Childs of Massachusetts, Dr. Wood of New York, Dr. Pitcher of Michigan, and Dr. Geddings of South Carolina, to draft resolutions of respect to Dr. Warren.

The Committee on Prize Essays and Volunteer Communications, reported through their Chairman, Dr. Palmer, of Illinois, that but four Essays had been received, one of which "manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, which furnish sufficient claim for awarding a prize by this body." But one prize was therefore awarded, to an Essay bearing the title — "An Essay on the Arterial Circulation." On breaking the seal of the accompanying packet, the author was found to be Dr. Henry Hartshorne, of Philadelphia.

The Committee on Nominations reported in favor of holding the next annual meeting in Nashville, Tenn., which was adopted after some discussion.

In the afternoon a pleasant excursion took place on board the steamer Western World, under the auspices of the medical gentlemen of the city, and in the evening receptions were given to the members of the Association by Dr. H. P. Cobb, Dr. Stewart, E. A. Brush, Esq., and Albert Crane, Esq.

The above is the account of the most important proceedings of the first day, which we take from the daily papers. In our next we shall give transactions of the remaining days of the session.

#### DR. J. C. WARREN.

DR. JOHN COLLINS WARREN, who has stood at the head of surgery in New England for more than half a century, and whose death we chronicled in our last number, was born in Boston, on the 1st of August, 1778. He was the son of Dr. John Warren, a distinguished physician and surgeon of this city, and nephew to General Joseph Warren, also a physician, who fell at the battle of Bunker Hill. He received his early education at the public Latin School, and graduated at Harvard College in the year 1797. After pursuing his preliminary studies in medicine under the direction of his father, he went to Europe, where he spent several years in obtaining a thorough medical education. On his return to Boston he soon obtained an eminent rank in his profession, and was appointed, in 1815, to the chair of Anatomy and Surgery, made vacant by the death of his father. This office he held until his resignation, in 1847, when he was appointed Emeritus Professor. He held the office of President of the Massachusetts Medical Society from 1832 to 1836. He was President of the Boston Society of Natural History, which office he held at the time of his death. Dr. Warren was a member of the American Academy of Arts and Sciences; of the American Philosophical Society; of the Philadelphia Academy of Natural Sciences; of the Academy of Naples, and of the Medical Academy of Florence; an honorary member of the Medico-Chirurgical Society of London, and corresponding member of the Royal Academy of Medicine of Paris.

In connection with Dr. James Jackson, he established and organized the Massachusetts General Hospital, with which institution he was connected during the remainder of his life, either as attending or as consulting sur-

geon. During the latter part of his life he devoted much of his leisure time to the study of paleontology, and had amassed a most valuable collection of fossil remains, including a very perfect skeleton of the Mastodon *Giganteus* of North America, of which he published a description in a splendid quarto volume.

In conjunction with Dr. Channing and Dr. John Ware, Dr. Warren was editor of this Journal at the time of its commencement, and the first article of the first number (an account of several cases of facial neuralgia treated by division, or excision, of a portion of the nerve) is from his pen. We believe that the last paper which he contributed to any periodical, appeared in the Journal for May 17th, 1855; being the history of a case of section of the os femoris for artificial hip-joint (Vol. LII., No. 15). His writings on medical subjects consist chiefly of articles written for journals, but he published a valuable work on Tumors, besides several smaller ones on various medical subjects.

We print below the interesting account of the last illness of Dr. Warren, which was given by Dr. JAMES JACKSON, at a meeting of the Suffolk District Medical Society, and also the remarks of Prof. O. W. Holmes and Prof. H. J. Bigelow. Dr. J. remarked—

Dr. Warren's death could not be attributed to any disease which has a distinct name. For a long time his health had been bad, but there was no one marked affection. His friends had long observed a general failing off in his health. Some four years since he was induced to visit the South, and afterwards to go to Europe. From this last visit he derived some benefit. Two years ago he had an edematous swelling of the feet. He had long before had some trouble about the heart, such as is common with old men, together with some other symptoms of disease, which were not regarded, however, as very alarming. In February last he sent for Dr Jackson, on account of a slight ophthalmia, which he attributed to a sharp, cold wind. He had long been remarkably sensitive under such exposure. The ophthalmia continued to the time of his death, though it had then gradually diminished. This affection of the eyes seemed to be a slight affair, but it led him to keep his room darkened, and avoid out-of-door exercise as much as possible; and from the confinement, and accompanying depression, he became dyspeptic. He continued, nevertheless, to visit patients occasionally.

On two occasions within a month of his death, he was seized suddenly with vertigo, followed by copious faecal discharges; but from these attacks he recovered, in each case within twenty-four hours. His last attack, on Saturday week before his death, was of the same nature, but with less of vertigo, and more abdominal pain. Dr. Jackson found him on the following morning low and weak, but with no extraordinary symptoms of disease. That day he remained in bed; but on the day following was so much better that he rode out of town, and there he walked in the garden, on the damp grounds, an exposure unusual for him. In the evening he was attacked for the first time with chills and rigors, had pains in the head and limbs, but most in the abdomen. On Monday morning his symptoms were aggravated with alternate chills and heat, high pulse, parched tongue, loss of appetite, but uncontrollable thirst, and great tenderness in every part of his body. From that time he grew worse daily. He complained of great soreness on his left side, in the trunk and limbs. The tenderness appeared to be confined entirely to the integuments. His nervous system also was affected in various ways.

From this time his mind gradually failed, but he was at no time delirious. From 3 o'clock, P. M., on Saturday, the day before his death, he ceased to pay attention to those around him, being, in the common phrase, "struck with death," and remained lying motionless on his couch, until 2 o'clock, A. M., on Sunday, when he ceased to breathe.

Dr. Jackson thought an examination would be very unlikely to show that the immediate cause of death was any local affection. He believed that distress of mind, added to the bad state of his health previously, had exhausted his vital powers. Dr. Warren had sometimes been called cold, but his (Dr. J.'s) observation satisfied him that he possessed strong and deep feeling, though he seldom exhibited any outward emotion. The death of his first wife preyed on his feelings for a long time. When older and more feeble, he was affected in like manner, more powerfully, by the loss of his second wife. At these times he did not show any outward marks of grief, but his vital powers were sinking under his mental suffering. Just so during the past few months he has been overcome by sad tidings respecting the health of his son, who is abroad. But Dr. J. refrained from the discussion of this subject.

He hoped more eloquent lips would describe to them the talents and virtues of his lamented friend. Most of those around him had listened to Dr. Warren's instructions, for these had been given to more than one generation of pupils.

Dr. Oliver Wendell Holmes then offered a series of resolutions [published in our last number], prefacing them with the following eloquent remarks:

*Mr. President.*—Death has just removed from our earthly fellowship one long known to us as a leading member of our various local associations; to this community as a most valued professional counsellor and honored citizen; to the profession itself as a master in one of its leading departments, and a laborious teacher of more than a whole generation of practitioners; to the country as one of its ornaments, and to men of learning everywhere as a liberal and enlightened student of Nature. The name of JOHN COLLINS WARREN is stricken from the roll of living men.

There is no man here, whatever his age or standing, that can hear this brief announcement unmoved. To the old it is sudden breaking up of associations that half a century of active life has been slowly knitting together. To the young it is one of those startling changes that shift the entire vista of the future; life slides forward a whole stage when those who stand in full relief upon its furthest confines drop beneath the horizon. We have all grown older in more than days since yesterday; we have lost a presence that filled no small space in our habitual outlook, and passed it over to the ever widening domain of memory.

There have been few men in the time of the oldest among us who have stamped their character more distinctly on their associates than he whom we must now speak of as belonging to the past. He entered life with singular advantages. His father was the leading surgeon of the leading town of New England; had served his country faithfully in the camp and on the field; had founded a school, and was known as an eloquent and enthusiastic teacher. His uncle had shed imperishable lustre upon the name he bore; his alliances gave him influence; his career was unimpeded by the embarrassments common to many who rise in spite of them to eminence.

It is not much only to inherit advantages, as every day shows us but too clearly; we see the new men carrying off the prizes in every calling, in the

face of the hereditary occupants of power and position. But it is much to know how to bear the temptations of good fortune, or what is so called ; to cast off indolence, to despise self-indulgence, to work from a high sense of duty, or even from a noble ambition, as others work from hard necessity.

Whatever place Dr. Warren acquired or maintained in life, no man can say that he did not earn it and keep it by his own fair labor. In this great centre of life, where an over-working race sends its strongest muscles and its busiest brains to be worn out, it would be hard to name the man who toiled more unremittingly than he, during the busier years of his life. In his vast practice at the Hospital, of which he was one of the founders, and where he passed so large a share of his time ; in the Professor's chair, the offices of which he performed with signal fidelity and punctuality ; everywhere, he was unsparing of his time and labor. Those of us who met him at that busy period of his life remember him as grave, concentrated, often stern, a man of few words, and those apt to be peremptory, one who went his way, bent on his own task, and not lightly to be turned aside from it.

But neither all the advantages he inherited, nor all the toil he expended, could have given him the place he attained, without elements of personal superiority to lend vitality to both. Somewhere in the mind, or in the character, or in both, must be found the source of that remarkable influence which Dr. Warren exerted during a long series of years, amidst all the competition and changes of city professional life. If we should look only at his purely intellectual qualities, we should not have reached the secret of his mastery. The varied intellectual power, the wide range of knowledge which belong to the scholar who lives in the world of thought, are not to be expected in the men whose lives are passed in the practical use of applied science. From them we can only demand accuracy instead of breadth of view, sagacity instead of erudition, readiness in the place of versatility. These are the qualities that must belong to the successful surgeon, and these, with a practiced hand and unshaken nerves, were generally granted by the profession and the public to belong to Dr. Warren. But to these qualities, which fitted him for superiority in his peculiar department, were added two other traits, which lay underneath all the rest, and gave them their consummate effectiveness : unwavering concentration of purpose, and unbending force of will. These gave him his unchallenged supremacy in the professional sphere he had chosen.

To understand his character, we must compare that busy period of life before referred to, with its later years, after he had relinquished the most arduous portion of his daily duties. Then it was that the taste for natural science, held sternly in abeyance during a long period of professional toil, was allowed to assert itself, and all might see how resolute must have been the purpose that could have kept it subjugated and almost unsuspected. Then it was that the pleasant social qualities, overlaid for a time by the weight of severe occupation, found their spontaneous expression ; and all could feel that the somewhat austere aspect of his overtired middle age was only another proof that he had given his whole mind and heart and strength to cares that might well subdue his natural vivacity, and sadden his cordial smile.

These last years of his life have softened all our recollections of his strenuous years of toil. He had got out of the brawling current, and as he neared the further shore, a quiet eddy carried him far back towards the fountains of his youth. A kindly old man, full of pleasant anecdote, busy with ingenious speculations, loving nature always and studying her, not as

once in the fearful shapes in which she used to challenge his skill, but under the branches of the "Great Elm," or beneath the buttressed ribs of his huge Mastodon, or hanging over the sandstone tablets where the life of the eternity that is past has left its earliest autographs, he pursued his cheerful labors to the last, bent, but not broken, and so walked softly from among us into the land of shadows.

Dr. HENRY J. BIGELOW, in seconding the resolutions, spoke as follows:

*Mr. President*,—I am aware that I can add little to the eloquent and comprehensive sketch to which we have just listened; and yet as it has fallen to my lot to see something of Dr. Warren in his relation to that department of our art which was more especially the object of his attention and of his ambition, I may be pardoned for adding a few words, if only in recognition of the debt which, in common with the rest of our profession, I feel that we owe to him.

We are deeply sensible to the loss which, as members of this Society, we have sustained. Many of us associate the recollection of Dr. Warren with a period when, in the zenith of his career, with a full activity and an unconquerable will, he grasped the highest objects within the reach of our profession. Some of our younger brethren will remember the declining sun, shedding an influence not the less genial that it had abated something of its intensity and force. A few, alas how few remain, have traced his prosperous path from its commencement; and we all share, in common, the consciousness of a void left by one whose familiar presence has filled so large a place within the sphere of our daily occupation. Perhaps no member of the medical profession here, has held, or will ever hold, a position like that occupied by Dr. Warren. The constitution of his mind led him to aim at and to enjoy the attainment of a chief place, while the community gradually and willingly conceded to his indefatigable labors, an eminence to which his social and his hereditary position had already opened the way.

His professional industry was of no ordinary character. Extending through a long period of years, exacting constant application to a routine of business, often from early dawn to late hours of night, it required a coincidence of mental determination with physical endurance, such as can find scarcely a parallel among us at this time. Amid the detail of such labor no patient was neglected, no application overlooked, no note unanswered. To his latest day you were certain to receive, at the proper moment, the response to some even unimportant question which you had asked, and perhaps yourself forgotten. But weightier interests claimed his first attention. He shared the labors of the medical school, and amidst other engrossing occupations, his scientific zeal built up its ample museum in the comparative infancy of science here.

In co-operation with one whose claim of gratitude from us is not less, at least, than his; who now remains pre-eminent in the esteem of a community upon whose warm regards he has always had so strong a hold—Dr. Warren projected and organized the Massachusetts General Hospital, where he alone performed for many years the duties of the surgical department.

The surgical division of the hospital still presents the impress of its masterly organization by Dr. Warren. No one who has observed at once the comparative bustle and confusion in foreign operating theatres, and the great similarity among them all, can fail to recognize the guidance of a ruling intellect, in the well ordered and methodical tranquillity which still characterizes our own. Its plan was furnished by him, and for many years he alone conducted the operations. As an operating surgeon, with a methodical elegance, he was

cautious, safe and slow; and the latter peculiarity, which has been sometimes attributed to a want of sensibility, arose in him, as I have reason for believing, in an early determination to forestall and to neutralize an actual and constitutional sensibility of temperament, which might have interfered with the safe conduct of the duties he was so often called upon to perform. Comparatively isolated and unassisted, Dr. Warren undertook, upon his own decision and upon his own responsibility, operations of a severity and magnitude not common even at this time. An unassisted pioneer in surgery, devising new and formidable methods, doubtless with some effort to himself, while he may have been thus naturally led to attach a somewhat disproportionate importance to the difficulties of practical surgery, he vanquished its real obstacles, and placed himself at the head of this science in New England. He was equally remarkable as a surgical practitioner. In dealing with doubtful cases, how many a Gordian knot has he divided, by his decisive way of cutting doubt short when doubt was unavailing; of assuming responsibility to relieve a wavering mind.

A habit of rapid and final decision characterized his whole career; but scarcely more than a persevering force of will. Indeed, this latter quality sometimes led him into conflict with the opinions of others, on occasions when his thorough appreciation of men, and an urbanity of which no one was more a master than himself, might have enabled him, if he had so chosen, to have persuaded the doubtful or to have conciliated the adverse.

His professional intercourse with his medical brethren has of late years been somewhat restricted by the impaired condition of his health. There were few who understood so well as he the delicate relations of a consultation. Conforming, with a rare intuition, to the important exactions of the most rigid professional etiquette, he saw at a glance the whole bearing of a case, and without modifying treatment, unless change was called for, he added his suggestions when required, with remarkable brevity and clearness.

To a rare combination of scientific tastes he united a familiarity with the world; and to abundant means he joined a readiness to subserve by them the cause of science. A certain elegance of exterior, not always consistent with a laborious medical practice, gave grace to his large hospitality to his medical brethren and to strangers. With such qualities, and with the prestige of a wide-spread reputation, he imparted a tone to the medical and surgical profession, as distinctly felt and recognized throughout this whole section of our country as within the walls of our own hospital.

In the maturity of his years, leaving the impress of his character and fame upon the age; leaving an hereditary successor to his professional renown, whose restoration to health is the dependence of many friends, and the earnest hope of the community, he is gathered to his fathers in that great harvest in which human fame and human worth are alike merged, in which men rest from their labors and their works do follow them.

The resolutions were adopted by a unanimous vote, and directed to be entered on the record.

The following sketch of the *post-mortem* appearances was furnished us by Dr. J. B. S. JACKSON.

"On dissection, there was found an acute inflammation of the left wrist joint, a small deposit of pus near the first rib upon the right side, and acute pericarditis. At the apex of each lung were the remains of old tubercular disease. In the stomach, and near the pylorus, was a cancerous-looking growth, about the size of the last joint of the thumb, and confined apparently to the mucous membrane. Since the dissection, this growth has

been examined microscopically by Dr. Henry J. Bigelow, and the appearances tend to confirm the general impression, as above expressed, of the nature of the disease. The bladder was quite large, and, besides a considerable quantity of urine, contained four very peculiar-looking calculi, of the size of small marbles, which, upon examination by Dr. John Bacon, were found to consist almost wholly of oxalate of lime. The 'middle lobe' of the prostate gland was enlarged as well as the lateral lobes."

At a regular meeting of the Boston Society for Medical Improvement, held May 12th, Dr. J. B. S. Jackson read a detailed account of the autopsy of the late Dr. Warren. The chief points of interest, in addition to those enumerated in the above abstract, were the existence of a lateral pouch in the bladder; and the appearances of the right wrist-joint. This articulation had been sprained by a fall, during a fit of fainting, a few days before death. In and about the joint was a considerable quantity of pus. A small collection of pus was also found under the left clavicle, in the cellular tissue near the rib.

Dr. H. J. Bigelow exhibited microscopic drawings of the appearances found in the stomach, and also directed attention to the unusual locality of pus in the cellular tissue near the wrist, and in and about the annular ligament among the tendons. The pus in the joint, of which the articular surfaces were but little inflamed, the great pain, and the singular coincidence of pus in the cellular tissue under the clavicle, of course suggested the possibility of purulent infection. There had been also insensibility for many hours before death. On the other hand, he believed that no inflammation of the veins had been observed. He inquired of Dr. B. Brown whether there had been, at any time, marked chills.

Dr. Brown stated that decided chills occurred on Monday, which were attributed to exposure on the previous day.

Dr. J. B. S. Jackson remarked that he had examined the subclavian and axillary vein of the right side, and several other of the large veins, in reference to this point, but without detecting inflammation.

#### THE FUNERAL.

A meeting of the Suffolk District Medical Society was held on the morning of the funeral. Eight senior members of the medical profession were appointed to act as pall-bearers, and eight from the profession generally as hearse-bearers. The former were Drs. J. B. S. Jackson, John Jeffries, Winslow Lewis, S. D. Townsend, Jacob Bigelow, Ephraim Buck, John Flint, Ebenezer Alden; the latter Drs. H. J. Bigelow, Charles Ware, J. P. Reynolds, C. Gordon, G. H. Lyman, W. W. Morland, G. H. Gay, and J. N. Borland, Dr. Coale being appointed to act as Marshal. The Society marched in procession to the church. The pall-bearers, together with the hearse-bearers, proceeded to the house of the deceased, and accompanied the funeral cortège to the entrance of St. Paul's Church, where the hearse-bearers, receiving the body, bore it to the chancel. The church was filled to its utmost capacity by members of the medical profession and by delegates from the various societies with which Dr. Warren was connected. Solemn and appropriate services were performed by the Rev. Dr. Vinton, at the conclusion of which the public were allowed to view for the last time the familiar face of the deceased. A very large number of the friends of the deceased availed themselves of this privilege, among whom were many of our most distinguished citizens. We also observed, supported by his crutches, the

patient Scannel, an account of whose critical case was, we believe, the last paper published by Dr. Warren in this Journal.

The body, supported by the hearse-bearers and followed by the family and immediate relatives, was then removed to the tomb beneath the church, where it was deposited.

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#### VETO ON THE FEMALE MEDICAL COLLEGE BILL.

THE bill "to change the name of the Female Medical Education Society to New England Female Medical College, and to re-organize the same," which we noticed in a late number (April 10th), after having passed both branches of the Legislature, was, on Thursday last, returned to the House, by Governor Gardner, with his reasons for withholding his approval of it. The Governor objects, that the bill contemplates making certain State officers *ex officiis* trustees of the institution; alleging that if this principle becomes the policy of the State, "onerous and extra constitutional duties will be placed upon a portion of the paid officers of the Commonwealth, which must necessarily deprive the State, to a considerable extent, of time and labor which should properly belong to the performance of their respective duties."

The vote was taken on the question of the passage of the bill, notwithstanding the Governor's objections, a two-third vote being necessary, with the following result: yeas, 110; nays, 159 (absent 59). So the House refused to pass the bill.

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#### RESIGNATION OF DR. PERRY.

We regret to learn that Dr. Marshall S. Perry has resigned his situation as one of the visiting physicians of the Massachusetts General Hospital. The pressure of other duties and the necessity of obtaining greater relaxation during the summer months—the season of his term of service—were the chief reasons which led to his resignation. At a late meeting of the trustees, the following votes were unanimously passed:

*Voted*, That the trustees of the hospital accept with regret the resignation of Dr. Marshall S. Perry as one of the visiting physicians of the institution. His professional ability, his uniform courtesy to his colleagues, his kindness to the patients, and his faithfulness, manifested in the discharge of the duties of his office, entitle him to the grateful remembrance of this board.

*Voted*, That these resolutions be entered upon the records of the hospital, and a copy sent to Dr. Perry.

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**MARRIED**.—In this city, 6th instant, by Rev. Samuel K. Lothrop, D.D., Dr. Charles D. Homans to Miss Eliza Lee Lothrop, daughter of the officiating clergyman.—7th instant, by Right Rev. Bishop Eastburn, Ellsworth Elliott, M.D., to Miss Anna Stone, both of New York.

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**DIED**.—In New York, April 10th, suddenly, Dr. J. Halstead, in the 40th year of his age; April 17th, after a short illness, Dr. Frederick W. Jenkins, in the 60th year of his age.

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*Deaths in Boston* for the week ending Saturday noon, May 10th, 74. Males, 46—females, 28. Accidents, 1—Inflammation of the bowels, 1—Inflammation of the brain, 2—Consumption, 15—Convulsions, 2—Croup, 1—Dysentery, 1—Dropsy, 1—Dropsy in the head, 3—Drowned, 1—Debility, 1—Infantile Diseases, 1—Puerperal, 2—Diabetes, 1—Crysipelas, 2—Scarlet fever, 4—Disease of the heart, 8—Hemorrhage, 1—Disease of the kidneys, 1—Inflammation of the lungs, 7—Malaria, 1—Pleurisy, 1—Purpura, 1—Disease of the spine, 2—Smallpox, 3—Suicide (Insanity), 1—Teeth, 3—Unknown, 2—Whooping Cough, 4.

Under 5 years, 26—between 5 and 20 years, 15—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 49—Ireland, 20—British Provinces, 3—Germany, 2.

*James G. Percival, M.D.*—A telegraphic despatch from Chicago announces that JAMES G. PERCIVAL, the physician, poet and geologist, died recently at Hazle-green, Wisconsin. The deceased was born in Berlin, Conn., Sept. 15th, 1795; he graduated at Yale College in 1815, with the reputation of being the first scholar of his class. In 1820 he received his degree of Doctor of Medicine. He served as assistant surgeon in the United States Army, and was, at one time, Professor of Chemistry in the Military Academy at West Point. In 1825, he came to Boston, and passed the greater portion of the year in literary avocations. As a geologist, he did good service in 1835, in the State of Connecticut, and presented a very able and elaborate report of his survey of that State to the authorities who had employed him. His faithful and refined translation of Malte Brun's Geography first introduced him to the *literati* of Europe, and procured him at once a well-merited reputation. His numerous pleasing poetical effusions are universally known and appreciated.

*Commencement of the Protective Power of Vaccine.*—M. Kuhn found that vaccination performed on infants the second, third or fourth day after a previous vaccination, always succeeded. When performed on the fifth day, it took in one half the cases. If attempted on the seventh, eighth, ninth or tenth day, it failed. Hence, according to these experiments, vaccinia does not begin to be protective until after four days from the inoculation, and as variola has an incubation of three or four days, it may happen that a person exposed to it on the fourth day after vaccination may be seized with smallpox at the moment when the vaccine vesicle is at its highest point of development. It is not until the ninth day after vaccination, therefore, that one can be considered secure from smallpox.—*Jour. de Med. de Bordeaux.*

*Itch Cured in Two Hours.*—M. Vleminkx, of Belgium, has devised a method of curing the itch in two hours, by means of a solution of the sulphuret of calcium, prepared in the following manner:—Take of flower of sulphur, 3 ounces; quick lime, 6 ozs.; water, 2 pints; boil them together, and when they have perfectly combined, allow the liquid to cool, and decant into hermetically stopped bottles. Three and a half ounces is sufficient to effect a cure. The patient is first well rubbed all over with soft soap for half an hour, and placed in bath of tepid water for another half hour. He is then rubbed over with the solution of sulphuret of calcium, which is allowed to dry on the skin for a quarter of an hour. The operation is completed by washing in the bath.—*Ib.*

*Letter from Humboldt.*—Some persons reported the author of *Cosmos* to be a believer in the mysteries of table-moving, because he had approved of the theory of the electricity of the nerves, started by Du Boys Reymonds. Dr. Jobard thereupon wrote to Humboldt, to ascertain his opinion about spiritualism, and received the following answer:

“ BERLIN, April 2d, 1856. You have written to me, my dear sir, as you always do, a most amiable letter, but I am not able to give you my opinion upon the possibility of the existence of the various kinds of mineral, vegetable, animal, direct or indirect cerebral electricity. I have a holy horror of all kinds of pine-wood spiritualism and psychographic mysticisms. You increase my horror by the ghost of that ephemeric being of reason, which is to receive intelligence from the thoughts of those persons who surround the table. You know that Geoffrey Saint Hilaire pretends to have sweat the oxyde of thought while in Egypt, and you, my dear friend, will say, that my incredulity is the simple consequence of my laziness. I submit willingly to this reproach, for I am convinced that the friendship, which you always extended to me, will not be diminished if I can be instrumental in leading you out of the obscure path of error. I rely on your forgiveness.

A. V. HUMBOLDT.”

*Bust of Dr. Warren.*—It must be a matter of congratulation to the family of the late distinguished Dr. J. C. Warren that Ball Hughes has completed a fine likeness of him from sittings taken during the last two months. The bust was approved by the Doctor's family, and is a fine intellectual likeness, with a life-like expression, which this artist is always particularly happy in producing in his works. We presume there will be many calls for it in marble.—*Transcript.*